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Bib Data Sheet

CONFIRMATION NO. 5722

SERIAL NUMBER 10/706,701	FILING DATE 11/12/2003  RULE	CLASS 514	GROUP ART UNIT 1656	ATTORNEY DOCKET NO. 21435
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\*\* CONTINUING DATA \*\*\*\*\*

*None HR*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

EUROPEAN PATENT OFFICE (EPO) 02026342.2 11/22/2002

*HR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/09/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY DE	SHEETS DRAWING 1	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials <i>HR</i>			

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## TITLE

Treatment of disturbances of iron distribution

FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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